



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [jsi@jsitel.com](mailto:jsi@jsitel.com)

October 15, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Chickamauga Telephone Corporation  
Study Area Code 220354**

Dear Ms. Dortch:

On behalf of Chickamauga Telephone Corporation “Chickamauga”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Chickamauga seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	220354
<015> Study Area Name	CHICKAMAUGA TEL CORP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rick Bennett
<035> Contact Telephone Number: Number of the person identified in data line <030>	601-764-3463
<039> Contact Email Address: Email of the person identified in data line <030>	rbennett@nexband.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <span style="float: right;">(attach descriptive document)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">0.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 220354ga510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 220354ga610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]



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10/14/2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
<810>	Reporting Carrier	Chickamauga Telephone Corporation
<811>	Holding Company	Fail Telecommunications Corporation
<812>	Operating Company	Chickamauga Telephone Corporation

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	220354
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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

\_\_\_\_\_  
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	220354ga1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <a href="http://www.chickamauga.com/lowincomeassistance.htm">http://www.chickamauga.com/lowincomeassistance.htm</a> <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<input checked="" type="checkbox"/>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input checked="" type="checkbox"/>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>220354ga3017</p>
<p>(3018) If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/> (Yes/No)
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<input type="checkbox"/>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input type="checkbox"/>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/>
<p>(3022) Underlying information subjected to a review by an independent certified public accountant</p>		<input type="checkbox"/>
<p>(3023) Underlying information subjected to an officer certification.</p>		<input type="checkbox"/>
<p>(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input type="checkbox"/>
<p>(3025) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	220354
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<039> Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	CHICKAMAUGA TEL CORP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Stephanie Hand
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	601-764-3463
Study Area Code of Reporting Carrier:	220354 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CHICKAMAUGA TEL CORP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Lans Chase
Title or position of Authorized Agent or Employee of Agent:	Staff Director - Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	220354 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

### **Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Chickamauga Telephone Corporation (“Company”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Company is subject to consumer protection obligations under Georgia state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Rules of the Georgia Public Service Commission which discloses rates, and terms and conditions of service to customers (Chapter 515-12-1-.02(5)(a) and .04(5) of the Rules of the Georgia Public Service Commission); (2) adherence to state consumer protection requirements governing telephone providers which require Service Standards (Chapter 515-12-1-.17 and .18 of the Rules of the Georgia Public Service Commission); Customer Billing (Chapter 515-12-1-.04(4) of the

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



Rules of the Georgia Public Service; and Customer Complaints (Chapter 515-12-1-.08 of the Rules of the Georgia Public Service Commission); (3) truth-in-billing requirements (Chapter 515-12-1-.04(4) of the Rules of the Georgia Public Service Commission); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

### **Demonstration of Ability to Function in Emergency Situations**

Chickamauga Telephone Corporation (“Company”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. §54.202(a)(2)<sup>1</sup> and Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by 47 C.F.R. §54.202(a)(2) and Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
<810>	Reporting Carrier	Chickamauga Telephone Corporation
<811>	Holding Company	Fail Telecommunications Corporation
<812>	Operating Company	Chickamauga Telephone Corporation

[illegible]

**CHICKAMAUGA TELEPHONE CORPORATION****STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

Second Revision Sheet 11

Cancels First Revision Sheet 11

**ALL EXCHANGES IN CERTIFICATED AREA**

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**D. 13. LOW INCOME PROGRAM**

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

(T)  
|  
(T)**D. 13.1 Lifeline Assistance****A. General**

Lifeline Assistance is a retail service offering available to qualifying low-income subscribers as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for the following package services: voice-grade access to the public switched network; local usage; dual-tone multi-frequency signaling or its functional equivalent; single-party service; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; and toll blocking. An eligible customer receives credit for the Low-Income Assistance Program pursuant to FCC Order 12-11.

(T)  
|  
(T)**B. Regulations**

1. A consumer household is eligible for Lifeline Assistance if the total household income is at or below 135% of the Federal Poverty Guidelines. Lifeline Assistance is also available to households containing at least one household member who participates in at least one of the following programs:

(T)

- a. Medicaid
- b. Supplemental Nutrition Assistance Program (SNAP), formerly "Food Stamps"
- c. Supplemental Security Income (SSI)
- d. Temporary Assistance to Needy Families (TANF)
- e. Low-Income Home Energy Assistance Program (LIHEAP)
- f. Section 8 Federal Public Housing Assistance (FPHA)
- g. National School Lunch Program's Free Lunch Initiative (NSLP)
- h. Senior Citizen low-income discount plan offered by local gas or power company

(T)

2. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that he/she receives benefits under a program outlined in subparagraph B.1., above, or meets the income-based criteria, and must, on the same document, agree to notify the Company if he/she ceases to participate in the qualifying program. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications pursuant to FCC Order 12-11 in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.

(T)

(T)

*NOTE: Sub-paragraph B.2. has been moved to this Sheet from Sheet 12.*

---

ISSUED: May 25, 2012

EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

**CHICKAMAUGA TELEPHONE CORPORATION****STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

Second Revision Sheet 12

Cancels First Revision Sheet 12

**ALL EXCHANGES IN CERTIFICATED AREA**

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## D. 13.1 Lifeline Assistance (continued)

## B. Regulations (continued)

3. All applications for this service are subject to verifications with the state agency responsible for administration of the qualifying program. The Company may request any additional documentation deemed necessary prior to providing Lifeline benefits such as an administrating agency's official designation of eligibility in a particular means-based program found in sub-paragraph B.1.,above, and that the telephone subscriber is the financially responsible party for the qualifying member of his or her household, or that the eligible household member is the telephone subscriber's dependent pursuant to the rules and regulations of the Internal Revenue Service. (D) (N)

4. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll blocking as part of Lifeline Assistance. "Toll blocking" is a service that permits a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence. (T)

5. Lifeline Assistance will not be disconnected for non-payment of toll charges, however, in the event toll charges are not paid within 10 days of the mailing of the Company bill, the Company will implement toll blocking immediately thereafter. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service. (N)

6. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company. (D)

**NOTE:** a. Sub-paragraph B.2. has been moved from this Sheet to Sheet 11.  
b. Sub-paragraph B.3. replaces the former version's B.3. These two changes comply with FCC Order 12-11.  
c. Sub-paragraphs B.5. and B.6. have been moved to this Sheet from Sheet 13.

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**CHICKAMAUGA TELEPHONE CORPORATION****STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

Second Revision Sheet 13

Cancels First Revision Sheet 13

**ALL EXCHANGES IN CERTIFICATED AREA**

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## D. 13.1 Lifeline Assistance (continued)

## B. Regulations (continued)

7. The Company will reconcile and confirm all subscribers' eligibility annually pursuant to FCC Order 12-11 by requiring each Lifeline subscriber to respond to and provide proof of continuing program eligibility under penalty or perjury via a FCC-compliant survey that their household continues to meet program eligibility requirements specified in B.1., above. Lifeline subscribers who are determined to be ineligible shall be notified of their ineligibility in writing by the Company and provided 30 days from the date of such notice to rectify or otherwise demonstrate their eligibility prior to the discontinuance of their Lifeline benefits. All unresolved disputes regarding Lifeline eligibility shall be brought to the attention of the GPSC for resolution.

(N)

8. Only one Lifeline service is available per residential household pursuant to FCC Order 12-11. A household is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. When an adult having no or minimal income and living with someone who provides financial support to him or her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. A household is not permitted to receive Lifeline benefits from multiple providers.

9. A Lifeline customer may subscribe to any local service offering available to other residential customers.

10. The PIC charge will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier.

(N)

*NOTE: Sub-paragraphs B.5. and B.6. have been moved from this Sheet to Sheet 12.*

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**CHICKAMAUGA TELEPHONE CORPORATION****STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

Second Revision Sheet 14

Cancels First Revision Sheet 14

**ALL EXCHANGES IN CERTIFICATED AREA**

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## D. 13.1 Lifeline Assistance (continued)

C. (D)

D. (D)

E. (D)

F. (D)

G. Credits (N)

The following credits will apply for each customer eligible for Lifeline Assistance.

	Monthly Credit	
a. Lifeline Credit	\$9.25	
b. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.		(N)

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**CHICKAMAUGA TELEPHONE CORPORATION**

**STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

First Revision Sheet 15

Cancels Original Sheet 15

**ALL EXCHANGES IN CERTIFICATED AREA**

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**D. 13. LOW INCOME PROGRAM (continued)**

**D. 13.2 Link-Up**

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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BY: Charles F. Fail, President



**CHICKAMAUGA TELEPHONE CORPORATION**

**STATE OF GEORGIA  
PUBLIC SERVICE COMMISSION**

Section D

First Revision Sheet 16

Cancels Original Sheet 16

**ALL EXCHANGES IN CERTIFICATED AREA**

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**D. 13. LOW INCOME PROGRAM (continued)**

D. 13.2 Link-Up

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President



Chickamauga Telephone Company

## Lifeline Assistance Program Application and Certification Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MS Zip: \_\_\_\_\_

My Physical Address is ☐ Permanent ☐ Temporary ☐ Multi-Household

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number for which Lifeline Credits are to apply: \_\_\_\_\_

### = NOTICE =

**Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.**

Are you or any member of your household already receiving Lifeline benefits from a telephone company?  
☐ YES ☐ NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

### = PROGRAM ELIGIBILITY CRITERIA =

\_\_\_\_\_ (Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Chickamauga Telephone Company (CTC).

- |  |  |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)      | <input type="checkbox"/> Medicaid  |
| <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)            | <input type="checkbox"/> Supplemental Security Income (SSI)                    |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Initiative | <input type="checkbox"/> Federal Public Housing Assistance (Sect 8)            |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)        | <input type="checkbox"/> Senior Citizen Discount by Local Gas or Power Company |

### -----OR-----

\_\_\_\_\_ (Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to CTC.



## Lifeline Assistance Program Application and Certification Form

**I certify under penalty of perjury the following (initial by each certification):**

\_\_\_\_\_ *I currently meet Lifeline eligibility as indicated on Page One of this document.*

\_\_\_\_\_ *I will notify CTC within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.*

\_\_\_\_\_ *If I move to a new address I will notify CTC within 30 days of my move.*

\_\_\_\_\_ *If my address is temporary, I understand that I may be required to verify my address with CTC every 90 days.*

\_\_\_\_\_ *I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with CTC.*

\_\_\_\_\_ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.*

\_\_\_\_\_ *I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by CTC, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### THIS SPACE RESERVED FOR OFFICE USE

**Date of eligibility review:** \_\_\_\_\_

**Description of applicant's proof of eligibility:** \_\_\_\_\_

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

**Proof of applicant's eligibility reviewed by:** \_\_\_\_\_  
(CTC authorized signature required)

## GENERAL SUBSCRIBER SERVICES TARIFF

Chickamauga Telephone Corporation  
Georgia PSC

Section C  
Sheet 1  
9th Revision  
Cancels 8th Revision

## BASIC LOCAL EXCHANGE SERVICE

## C.1 Local Exchange Rates

C.1.1. Monthly exchange rates as authorized by the Georgia Public Service Commission are shown below:

CLASS AND GRADE OF SERVICE	<u>CHICKAMAUGA</u> (High Point)		<u>HIGH POINT</u> (Chickamauga) (Chattanooga)	
	<u>Rotary</u>	<u>Touchtone</u>	<u>Rotary</u>	<u>Touchtone</u>
1. BUSINESS				
a. One Party Access Line	\$20.40	\$20.40	\$23.55	\$23.55
b. Key Access Line*	\$34.10	\$37.10	\$41.00	\$44.00
c. Trunk Access Line	\$66.35	\$72.35	\$81.50	\$87.50
d. Semipublic Access	\$34.10	\$36.20	\$41.00	\$43.10
2. RESIDENCE				
a. One Party Access Line	\$14.91 (I)	\$14.91 (I)	\$14.91 (I)	\$14.91 (I)
b. Two Party Access	\$13.58 (I)	\$13.58 (I)	N/A	N/A

C.1.2. The rates specified herein, with mileage charges when applicable, entitle subscribers to an unlimited number of messages to all stations within each exchange as grouped above.

C.1.3. Local exchange rates, excluding Semipublic Telephone Service, do not include the provision of a telephone set.

C.1.4. Line access charges will apply in all cases where the Company provides service.

C.1.5. For other types of service available to the Chickamauga and High Point exchange areas and rates therefore, see other sections of this tariff.

\*The key access line rate will apply for both business or residence service.

**REDACTED – FOR PUBLIC INSPECTION**

**CHICKAMAUGA TELEPHONE CORPORATION (SAC 220354)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**